UST Secondary Containment Testing Report

Complete for new installs and upgrades that require interstitial monitoring

Submit To: Kansas Department of Health and Environment

Bureau of Environmental Remediation

Storage Tank Section 1000 SW Jackson, Suite 410

Topeka, KS 66612-1367

Date of Test:
Worker ID:
Company ID:
Signature:

Phone: 785-296-8061 Fax: 785-296-6190

I. Facility	Information
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a.	Facility Name:				
b.	Facility Address:				
	-	(Street)	(City)	(State)	(ZIP)
c.	Contact Person:			Phone:	
Owner	r Information				
a.	Owner Name:				
b.	Owner Address:				
		(Street)	(City)	(State)	(ZIP)
C.	Owner Contact Person:_			Phone:	

III. Test Method:

II.

When using PEI Recommended Practices for hydrostatic testing the water level must be 6 inches above the highest penetration and the test length must be a minimum of 4 hours

IV. **Test Results**

Containment Sump Description	Date	Start Time	End Time	Test Length	Start Height (Inches)	End Height (Inches)	Pass	Fail